OIP	(E)									
	<b>E</b>							PTO/SB/21 (09-04)		
Under the Pape	u			u.s	3. Patent and 1	Trademark	Office; U	through 07/31/2006. OMB 0651-0031 J.S. DEPARTMENT OF COMMERCE		
Under the Pape	erwolk Re	duction Act of 1995	no persons	s are required to respond to a c Application Number	10/729,13	formation u	inless it	displays a valid OMB control number.		
PRADEMARY R	ÀNS	MITTAL		Filing Date December 5, 2003						
<del>-</del>	FO	RM		First Named Inventor	<del></del>	Robert D. Waye				
		-		Art Unit	3612	3612				
ito be used for a	all corresp	ondence after initial	filing)	Examiner Name	Lori L. Co	Lori L. Coletta				
Total Number of I			11	Attorney Docket Number						
	ENCLOSURES (Check all that apply)									
Fee Trans	mittal Fo	rm	<b>V</b>	Orawing(s)			After Allowance Communication to TC			
✓ Fe	e Attach	ed		Licensing-related Papers	icensing-related Papers			al Communication to Board peals and Interferences		
✓ Amendme	nt/Reply		F	Petition	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
	er Final			Petition to Convert to a Provisional Application				Proprietary Information		
		eclaration(s)	] [ F	Power of Attorney, Revocation Change of Correspondence Address			Status	s Letter		
Extension				erminal Disclaimer			Other	Enclosure(s) (please Identify		
				Request for Refund			DEIOW	). 		
		nent Request								
Information	n Disclos	sure Statement		D, Number of CD(s)						
Certified C	Copy of P	riority	Remar	Landscape Table on C	30					
Document	(s)	•	1					·		
Reply to M Incomplete	e Applica	ition								
		issing Parts FR 1.52 or 1.53								
		SIGNA	TURE C	OF APPLICANT, ATT	ORNEY, O	OR AGE	ENT			
Firm Name	Jensen	Puntigam PS		•						
Signature	کر کرا	2015	ou	-						
Printed name	Robert A	A. Jensen								
Date 2-9-05			Reg. No. 23268							
CERTIFICATE OF TRANSMISSION/MAILING										
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with										
sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:										
Signature	Signature Marcie Hallerfe S									
Typed or printed name Marcia A. Wallenfels							Date	2/9/05		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Panerwork Red Color Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

PTO/SB/17 (12-04v2)

Complete if Known   FEE TRANSMITTAL   FOR FY 2005   Fee TRANSMITTAL   FOR FY 2005   Fee TRANSMITTAL   Fee TRANSMITTAL   Fee TRANSMITTAL   Fee Transmit   F	TA TRANS		Complete if Known							
First Named Inventor Robert D. Waye    Applicant claims small entity status. See 37 CFR 1.27     TOTAL AMOUNT OF PAYMENT   (\$)   510.00   Attorney Docket No.	Fees pursbadtiid (tie	o). A	oplication Number 10/729,1			<del></del>				
Applicant daims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$)   510.00   Attorney Docket No.	FEE	- <u> </u> F	Filing Date Decer			nber 5, 2003				
Art Unit   3612		F	irst Named Inver	ntor [	Robert D.	ert D. Waye				
METHOD OF PAYMENT (check all that apply)		— E	xaminer Name	1	Lori L. Co					
METHOD OF PAYMENT (check all that apply)  ✓ Check		A								
Check	TOTAL AMOUNT C	F PAYMENT (\$)	510.00	Α	ttorney Docket N	lo.				
Deposit Account Deposit Account Number: 07-1900   Deposit Account Name: Jensen & Puntigam PS	METHOD OF PA	YMENT (check all	that apply)							
Deposit Account   Deposit Account   Number   07-1900   Deposit Account   Name   Jensen & Puntigam PS										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below.  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below, except for the filing fee  Credit any overpayments  Examination about the filing fee  Examination should not be included on this form. Provide credit card information about not be included on this form. Provide credit card information about not be included on this form. Provide credit card information about not be included on this form. Provide credit card information about not be included on this form. Provide credit card information about not be included on this form. Provide credit card information about not be included on this form. Provide credit card information about not be included on this form. Provide credit card information about not be included on this form. Provide credit card information about not be included on this form. Provide credit card information about not be included on this form. Provide credit card information about not be included on this form. Provide credit card information about not be included on this form. Provide credit card information about not be included on this form. Provide credit card information about not be included on this form. Provide	一		•					en & Punt	igam PS	
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  Extra Claims  Fee (\$)  Fe										
Charge any additional fee(s) or underpayments of fee(s)    Credit any overpayments										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION	Charg	e any additional fee	(s) or underpayments	of fee(s		` ,				
Telephore   Tele	under 37 CFR 1.16 and 1.17									
BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   Small Entity   Fee (\$)   Fee (\$)						JU				
Application Type	FEE CALCULAT	ION								
Application Type	1. BASIC FILING									
Application Type						EXAM				
Design	Application Type					Fee (			Fees Paid (\$)	
Plant	Utility	300	150 5	00	250	200	100	)		
Reissue 300 150 500 250 600 300	Design	200	100 1	00	50	130	65	5		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	200	100 3	00	150	160	80	0		
2. EXCESS CLAIM FEES Fee Description  Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  APP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims Fee (\$)  Fee Paid (\$)  APP = 0 x = 0  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):	Reissue	300	150 5	00	250	600	. 300	0	*****	
Fee   S   Fee   S	Provisional	200	100	0	0	0	• (	C		
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x  Fee Paid (\$)		IM FEES					-			
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Description of total claims  Extra Claims  Extra Claims  Extra Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  100 = /50 = (round up to a whole number) x = Fee Paid (\$)  Other (e.g., late filing surcharge):		er 20 (including P	aiccuae)				<u>F6</u>		· · · · · · · · · · · · · · · · · · ·	
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Multiple Dependent Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  APP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)										
Total Claims			morading Reissues	,						
Supplementary Page		aid (\$)								
Indep. Claims  3 - 3 or HP = 0 x = 0  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof  -100 = /50 = (round up to a whole number) x =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):										
3 - 3 or HP = 0 x = 0  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof	•	·	-	Eac D	aid (\$)					
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 =										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  [Fee (\$)]  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):										
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof -100 =	3. APPLICATION	I SIZE FEE	wased 100 -bc -	f	n (avaludina -1-	antra-	ionily 61-	d caa	a or computer	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof   Fee (\$)    - 100 =   50 =   (round up to a whole number) x   =    4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
Total Sheets Extra Sheets / 50 = (round up to a whole number) x =   4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):										
CLIDARTYPED DV										
SUBMITTED BY	Other (e.g., late filing surcharge):									
	SUBMITTED BY									
Signature Registration No. 24268 Telephone 206 448-3200 (Attorney/Agent)		12817	anser	Re	gistration No. 24	268		Telephone	206 448-3200	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Name (Print/Type) Robert A. Jensen

Date

2-9-05